

# Foster Family Home - Corrective Action Report

Provider ID: 2-160031

Home Name: Emerita Mikul, CNA

1624 Haleloke St.

Hilo

HI 96720

Review ID: 2-160031-2

Reviewer: Carol Copeland

Begin Date: 4/19/2017

End Date: 5-11-17

## Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit survey performed to recertify three client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 5/19/17.

## Foster Family Home Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

No APS, CAN or fingerprints in home binder for caregiver # 2 and # 4.

## Foster Family Home Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

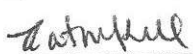
Comment:

No current TB clearance for caregiver # 2.

No current CPR and First Aid in home binder for caregiver # 2 or caregiver # 3.

No department approval in home binder for caregiver # 3 and # 5.

  
Compliance Manager

  
Primary Care Giver

5-11-17  
Date

4-19-17  
Date

# **PLAN OF CORRECTION FOR EMERITA MIKUL CCFFH**

## **BACKGROUND CHECKS 17-1454 – 7.1**

### **1. 17-1454 – 7.1 (a) (1) FINGERPRINTING**

Be subject to criminal history record checks in accordance with Section 846 – 2.7, HRS.

#### **Comments on POC**

For Caregiver # 2 and # 4, no Fingerprinting done. These caregivers are no longer my substitute caregivers effective 4/19/17. I have removed them from my file because they do not comply with my request of documents submission.

I also removed Caregiver # 5 as my substitute caregiver effective 4/19/17 due to red light.

### **2. 17-1454 – 7.1 (a) (2) APS / CAN CHECKS**

#### **Comments on POC**

For Caregiver # 2 and # 4, no APS / CAN Checks done. These caregivers are no longer my substitute caregivers effective 4/19/17. I have removed them from my file because they do not comply with my request of documents submission.

I also removed Caregiver # 5 as my substitute caregiver effective 4/19/17 due to red light.

## **PERSONEL AND STAFFING 17-1454 – 41**

### **3. 17-1454-41 (b) (7) Have a current tuberculosis clearance that meets Department of Health Guideline.**

#### **Comments on POC**

I have maintained my caregiver # 3 as a substitute caregiver. Caregiver has complied with requirements. Caregiver # 3 has completed her TB Clearance on 4/18/17 which expires on 4/18/19. TB Clearance copy is already kept in CCFFH file. I will maintain her as my SCG.

### **4. 17-1454-41 (b) (8) Have documentation of current training in Cardiopulmonary Resuscitation and Basic First Aid**

#### **Comments on POC**

I have maintained my caregiver # 3 as a substitute caregiver. Caregiver has complied with requirements. Caregiver # 3 has completed her CPR and First Aid on 4/18/17 which expires on 4/18/19. CPR and First Aid hard copies are already kept in CCFFH file. I have removed Cargiver # 2.



## PLAN OF CORRECTION FOR EMERITA MIKUL CCFFH

5. 17-1454-41 (b) (8) **Have documentation of current training in Bloodborne Pathogen and Infection Control**

### Comments on POC

Caregiver # 2 has not completed her Bloodborne Pathogen and Infection Control therefore I have removed her as my substitute caregiver effective April 19, 2017.

I have maintained my caregiver # 3 as a substitute caregiver. Caregiver has complied with requirements.

I also removed Caregiver # 5 as my substitute caregiver effective 4/19/17 due to red light.

6. 17-1454-41 (e) **The primary caregiver shall identify all qualified substitute caregivers approved by the department who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specific in this section.**

### Comments on POC

Caregivers # 1 and #3 are the only caregivers for Mikul CCFFH. I have removed Caregivers # 2 and #5 effective 4/19/17.

Please note that I have now created a Tracking System to check on requirements on a monthly basis. I am a new caregiver and I have learned my lesson on how to track the requirements when I had my relicensing with Ms. Carol Copeland, RN, Compliance Manager.

Submitted by:



Emerita Mikul CCFFH

5-8-17

Date